

Joint Hearing to Receive the Legislative Presentation of the American Veterans
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Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
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As the largest veterans service organization representing all of America's veterans, AMVETS is honored to provide our legislative priorities for the 118th Congress.

This past Congress, legislators and veteran service organizations came together to enact significant change for veterans and their families. The PACT Act was no small feat and will result in ensuring that veterans of numerous generations receive the healthcare and benefits that they earned with their blood, sweat, and tears. We are grateful to the Committees for your efforts in getting this legislation across the finish line.

AMVETS was honored to host our VSO brothers and sisters as well as Jon Stewart at our 2nd annual "Rolling to Remember" pro-veterans demonstration ride here in Washington, D.C. This is the nation's largest veterans' event, which brings together tens of thousands of veterans and supporters from across the United States, riding their motorcycles on Memorial Day Weekend to highlight critical issues. First, to demand continued and increased action for the 82,000 service members still missing in action, as well as raise awareness of the many veterans who die by suicide each day, and lastly, of course, to highlight our collective efforts to support the PACT Act. This year's event will take place on May 28, 2023.

We will never forget our POWs and MIAs, and we won't stop fighting for real solutions to the suicide crisis. We will continue this incredible platform until they all come home and all who make it home are well.

The lasting impact of the disastrous withdrawal from Afghanistan continues to plague our veterans and the many Afghani refugees who were fortunate enough to get out of the country, as well as those we abandoned. We owe it to these repatriated men and women to help them get on their feet, and we ask that Congress prioritize them for their sake and the men and women of our uniform struggling with our unconscionable exit.

The 117th Congress can be summed up as providing significant investments in veterans' healthcare and benefits who were exposed to toxic exposures; Senator Gillibrand going on a personal and heroic crusade to ensure substantial and overdue changes were made to ensure sexual predators are held accountable in military service; Congress coming up short for our Afghani brothers and sisters; and Congress altogether dropping the ball, again, as it relates to veterans and servicemembers wellness and a significant reduction in suicide.

AMVETS primary legislative goals for the 118th Congress:

- Encourage hearings, roundtables, and funding focused on new and novel programs to increase veterans' and service members' mental wellness as a form of suicide reduction
- Pass legislation allowing all congressionally chartered 501(c)(19) nonprofit organizations to receive tax-deductible donations
- Increase women veteran's voices in policy and government to address issues disproportionately affecting them
- Support immediate passage of the Major Richard Star Act
- Bolster recruitment and retention at the VA by passing the Careers ACT
- Support the completion of a successful and seamless electronic healthcare record
- Pass legislation that provides a meaningful increase in DIC for survivors while striking arcane and unethical remarriage penalties
- Create a National Veterans Strategy to align care and benefits to focus on outcomes and success

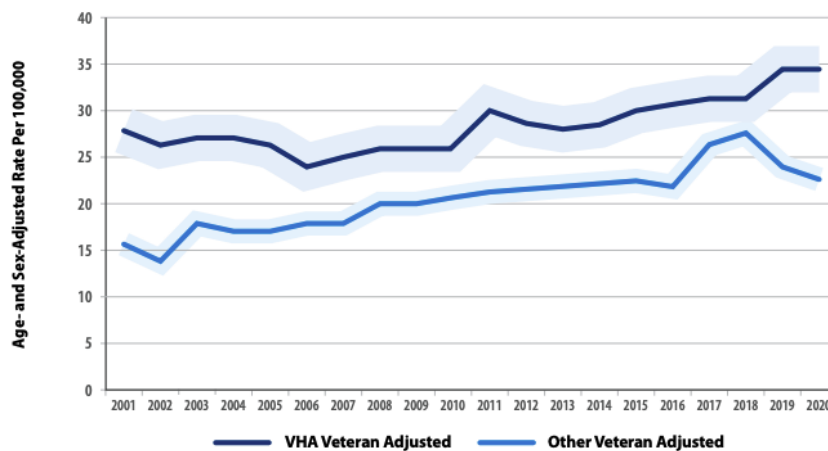
Mental Health & Suicide

AMVETS will continue to highlight our number one priority for our fifth consecutive year: creating and funding effective programs and services that significantly reduce suicide at the VA and within the Department of Defense.

Table 3: Veteran Age- and Sex-Adjusted Suicide Rates Per 100,000, 2001, 2019 and 2020

	2001	2020	Change	2019	2020	Change
Recent Veteran VHA Users	27.8	34.1	+22.6%	34.3	34.1	-0.5%
Other Veterans	15.5	23.8	+54.0%	25.4	23.8	-6.3%

Figure 15: Age- and Sex-Adjusted Suicide Rates Per 100,000, with 95% Confidence Intervals, Veterans, by Recent VHA Care, 2001–2020



For five years, AMVETS has made the painful, challenging, unpopular, but factually supported assertion that we continue to trod down a path resulting in wasteful spending on poorly designed, old, and unproven methodologies intended to reduce suicide and negative symptomology amongst the veteran and military communities.

In that time, more than 30,000 veterans have lost their lives, and the problem is only getting worse at the VA and the Department of Defense.

Despite Congress having invested more than 130 billion dollars since 2006, you would be hard-pressed to find any meaningful data suggesting these investments have resulted in a long-term positive impact on the veteran population.

The data states the opposite - that veterans are less likely to die by suicide if they are not utilizing the VA. The data highlights that the ratio of veterans dying by suicide continues to increase. The data found in the Clay Hunt SAV Act report is seriously concerning yet has garnered little interest from Congress. And to some degree, it is no surprise. We shared this report with some leading psychologists, who highlighted that “sure is a lot of nonsense in these hundreds of pages to find a few pieces of information. I can imagine the work hours that went into these analyses and report preparation!” The report's outcomes regarding PTSD specialty care continue to be damning; something we have highlighted numerous times to Congress without any severe concern or action is that the treatments are “below the threshold for reliable or clinically meaningful change” after three months.

Yet if you listen to many legislators, they still espouse VA as the holy grail of mental health care. AMVETS is not supportive of sending our troops and vets into programs that result in no change after they invest three months of their lives and after our citizens invest their taxes into assisting them. The situation is unacceptable and untenable.

For the past five years, AMVETS has highlighted this and many other concerns. An interesting analogy here is to compare the mental health industry to the pharmaceutical industry. Many on this committee fought hard to highlight the challenges that were faced by a Nation unable to negotiate drug pricing. We have watched as our Nation's healthcare system is, in many ways, held hostage to an industry that has its hooks in every aspect of the medical system, from research to education to pharmaceuticals, treatment, and providers.

Yet struggling American service members and veterans have to contend with a similarly self-interested mental health industry while dealing with everything from severe trauma to everyday human struggles. And many on this committee seem to be completely okay with that, even if it is not resulting in fewer dead servicemembers and veterans.

For years we have led a “destigmatization” pro-traditional mental health campaign. VA has spent billions on these campaigns focused on stigma, outreach, and “access to mental health.” And the results could not be more precise. Year over year, almost every year for twenty years, veterans and servicemembers are dying by suicide at increased proportions.²

¹ 2022 *Office of Mental Health and Suicide Prevention*. Department of Veterans Affairs, Sept. 2022, <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf?lv=true>.

² 2022 *Office of Mental Health and Suicide Prevention*. Department of Veterans Affairs, Sept. 2022, <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf?lv=true>.

We have ranted for destigmatization, for veterans to open up and participate in these programs; we know the results are dismal at best, yet we continue to imply they are the best we have to offer. Worse, the industry has fought tooth and nail against any alternatives that might provide better outcomes and have been entirely against outside interventions and approaches.

The Department of Veterans Affairs has also been complicit in failing to sound the alarm and do its due diligence to highlight its program's ineffectiveness. In many ways, this is understandable. The VA has for twenty years given this task to the "experts." Those men and women in the said industry will leave VA to go back to said industry. However, this is like asking Phrma to develop solutions to pharmaceutical issues. They will come up with solutions, but they won't be to the detriment of their industry.

So servicemembers and veterans are faced with a mental health industry-first-driven system of care. The system's bedrocks are:

- All struggles can be ascribed to a diagnosis, which has a corresponding industry-approved treatment protocol.
- The genius remarketing of Randomized Controlled Trials (RCTs) as "Evidence Based Treatments," that are generally manualized treatments that are brief, highly scripted forms of cognitive behavior therapy.
 - It is widely asserted that "evidence-based" therapies are scientifically proven and superior to other forms of psychotherapy. Empirical research does not support these claims.
 - Empirical research shows that "evidence-based" therapies are weak treatments. Their benefits are trivial, few patients get well, and even the trivial benefits do not last. (One clear example can be found in the Clay Hunt SAV Act Evaluation of 2022. PCL 5 drops -25.6% admission to discharge. 3 months later, it is -5%.)³
 - Troubling research practices paint a misleading picture of the actual benefits of "evidence-based" therapies, including sham control groups, cherry-picked patient samples, and suppression of negative findings.⁴
- No treatments or approaches originating outside the industry are to be taken seriously.
- Research should only focus on treatments and approaches that maintain and support the industry.
- The industry has little interest in improving quality of life and is highly focused on the diagnosis and elusive reduction of symptomology.
- The industry has zero interest in any methods or methodologies that could increase the quality of life, proactively improve mental wellness, and for humans to use simple, low-cost interventions that may lead to better outcomes.

³ Clay Hunt SAV Act Evaluation 2022 Report: Volume 1. Page 11, Exhibit 1.1-3

⁴Shedler, Jonathan. Where Is the Evidence for "Evidence-Based" Therapy? - Jonathan Shedler. This Article Is Adapted from Shedler J. Where Is the Evidence for "Evidence-Based" Therapy? Journal of Psychological Therapies in Primary Care 2015;4:47–59. The Material Was Originally Presented as a Keynote Address at the Limbus Critical Psychotherapy Conference, Devon, England, November 1, 2014, <https://jonathanshedler.com/wp-content/uploads/2018/05/Shedler-2018-Where-is-the-evidence-for-evidence-based-therapy.pdf>.

AMVETS started down this road five years ago as veterans were dying by suicide in VA parking lots. The sad truth is not that much has changed. For the most part, VA is leveraging the same unproven methodologies and approaches that have plagued our veterans for twenty years.

Worse, DoD, facing its own existential suicide crisis, is adopting the very same expensive and ineffective playbook. VA has failed to implement various statutory requirements to adopt best practices they have seen outside of VA and traditional mental health. The reality is VA has shown little interest in any outside programs, services, or approaches. This again makes sense when you look at who in the VA, DoD, and the White House has been appointed to these critical positions. They are “experts” that believe only the experts have the answers, despite nearly 150,000 deceased servicemembers and veterans and over 100 billion in expenditures in less than 20 years.

To be clear, we have lost more American servicemembers and veterans to suicide in the last two decades than in any other American Wars other than World War II, and the Civil War.

Further, the VA highlights favorable data while burying or justifying unfavorable data. They have also consistently come up with favorable measurements while avoiding data of significant concern. Some examples include:

- As it relates to suicide, VA continues to define a VHA user as a veteran who has utilized the VA in the past two years. VA has not provided what the suicide data looks like if the definition is redefined as a veteran who has ever utilized VHA. This information is critical for two reasons, the first offers an understanding of the timeline VA lost these patients and what happened after they left VA, and the second speaks to the other major issue VA is working to bury;
- VA has been both extraordinarily coy and mum on the dropout rates of veterans actively utilizing its various mental health programs. Multiple studies suggest this number on the low end is 50% after the first visit and possibly as high as 90% in completing its “evidence-based” manualized treatment protocols. VA should be far more forthright about this information which is critical for Congress to understand the overall effectiveness of its programs.
- The fact that the VA is highlighting that there has been a drop in total suicide numbers as a win when in fact, the proportion of veterans dying by suicide has risen seems to be pretty misleading to us.

There is no more pressing issue at VA than the more than 6,000 servicemembers and veterans that will die by suicide this year.⁵ There is not even another issue in the same stadium of importance. The recent uptick in DoD only further highlights that we need to get more proactive in dealing with the struggles and stress facing these men and women, our brothers and sisters. While we think the mental health industry should have a seat at the table, we also believe Congress needs to reorganize the table drastically. Every struggle does not need a diagnosis. Every diagnosis does not require a pharmaceutical. For too long, the VA and the VSOs, us included, took these industries at their word and left them unchecked. And they failed us. They are failing us currently.

Congress must also stop being scared of stepping up and trying new things. For years the mental health industry has frightened us with the idea that things would only be worse without them. There may be some truth to that. Still, the situation would likely be far better had we invested in finding more effective programs focused on increasing veterans' and servicemembers' quality of life and ability to handle stress and adversity. We are grateful for the minor investment Congress made in the Commander John Scott Hannon Veterans Mental Health Care Improvement Act to invest in community organizations. A small step, but we have a lot of work to do.

Support Immediate Passage of the Major Richard Star Act

AMVETS fully supports the immediate passage of the Major Richard Star Act. For nearly two decades, AMVETS has supported the Bilirakis family in their efforts to end the unfair and antiquated statute preventing veterans from receiving their earned Department of Defense retirement pay and disability compensation from the VA. It is unconscionable that we are reducing retirement pay by every dollar of disability pay received for those who have given so much in defense of our Nation.

Increase Women Veterans Voices in Policy and Government to Address Issues Disproportionately Affecting them

Addressing mental health issues specific to women is a top priority for AMVETS. The rate at which women choose to end their own life is 180 percent higher than members of the same gender who never served. Male veterans, meanwhile, are 140 percent more likely to commit suicide than their peers who have only known civilian life.

AMVETS played a pivotal role in crucial legislation championed by Senator Gillibrand and others to reduce military sexual trauma and expand health care and benefits. We will continue to champion this issue on Capitol Hill.

⁵ Or 31 of 100,000 VHA users of VHA in 2020; 23.8 of 100,000 non VHA users in 2020.

However, AMVETS has also noted the astonishingly low number of veterans working as policy staffers on Capitol Hill and, more specifically, the low number of women and minority veterans working in these positions. As such, we are proud to be teaming up with the HillVets Foundation to work with them to address this shortage of women and minority voices working in these positions.

Bolster Recruitment and Retention at VA

The VA has pledged to serve our veterans' health care needs, but the means to accessing this care is different for every veteran. Millions of rural and highly rural veterans face a unique combination of factors that create disparities in health care not found in urban areas, such as inadequate access to care, limited availability of skilled care providers, and additional stigma in seeking mental health care. There is also the continued challenge of the politicization of VA health care. AMVETS realizes that the best healthcare option for veterans will first provide a strong, well-run, and fully staffed VA! As a support mechanism, VA will utilize private care when it makes sense in order to provide ease of care to veterans, as is often the case for veterans in rural areas.

As such, AMVETS strongly supports Chairman Tester's, and Senator Boozman's legislation, which is aimed at providing the VA with more tools to compete for highly qualified medical personnel, support training for current and future VA clinicians to ensure veterans receive the highest quality of care and provide more oversight and public transparency on VA's efforts to address vacancies. This legislation would also better prepare VA to manage care for the thousands of veterans newly eligible under the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

AMVETS has been a long-time leader in working to ensure that our Nation's veterans receive world-class healthcare, and this legislation affords the best option for veterans and VA leadership to ensure that is where we are headed.

A National Veterans Strategy is needed to align care and benefits to focus on outcomes and success

AMVETS is fully aware of the challenges of reorienting a VA system that so many veterans have come to rely on. Sadly had a better system existed, veterans currently existing low-lows would have benefited from a more proactive approach had it existed previously. We must start somewhere because our current policy is misaligned, provides negative incentives, and leads to poor outcomes.

As such, we recommend that Congress create a new office with significant funding; we recommend 1 billion dollars to be achieved by not providing the casual annual increase to the mental health budget. The office should be given the mission of creating the future goals and

vision of a VA that focuses on veterans maintaining their warrior wellness and providing proactive outreach, training, benefits, and services with the intent that they go on to live lives of purpose and meaning while maintaining a state of physical wellness, and understanding the components of living a mentally healthy lifestyle.

Some of our overarching community goals should be: reducing dependency on disability payments and the system that incentivizes veterans to achieve 100% disability (and incentivizes disability to gain access to other hand-up programs like VR&E), reducing healthcare costs related to poor lifestyle choices, reducing suicide, reducing the use of pharmaceuticals, reducing in-patient mental healthcare, and reducing traditional mental healthcare expenditures.

What can a nearly 300-billion-dollar budget accomplish if its primary goal is to help veterans live high-quality, happy, healthy, financially-secure lives? How can we best spend the VA's current budget of \$22,515 per living veteran per year to assist them in living a great life worth living? That is the answer to the suicide epidemic.

Our VA rewards disability, messages suicide, fails to provide tangible leadership and training for veterans upon their separation from service, fails to articulate and encourage meaningful positive goals, and provides no incentive for physical, mental, and financial readiness.

We need our President, congressional leadership, and vision to start articulating a better VA; a VA focused on helping veterans reach their full potential and be the warrior citizens our country deserves.

The Charitable Equity for Veterans Act

AMVETS has asked Congress to support a legislative fix allowing Congressionally-chartered 501(c)(19) non-profit Congressionally-chartered veterans service organizations to receive tax-deductible charitable donations.

The decades-old regulation in Internal Revenue Code section 501(c)(19) harms our veterans' organizations. The 501(c)(19) non-profit designation is explicitly designated for veterans' service organizations. The key benefits of this designation are tax exemption and the ability to accept tax-deductible donations. However, the current regulation requires 501(c)(19) organizations to maintain a membership of at least 90% of wartime veterans to accept tax-deductible contributions.

Forty-five years following the creation of this Vietnam-era regulation, there are 2.4 million veterans who honorably served in our armed forces while our nation was not at war. That means more than 2.4 million veterans (13%) are not welcome in most veteran organizations, in part because of how they would impact the organization's tax status.

AMVETS is one of two “Big 6” Congressionally-chartered veterans service organizations open to all honorably discharged non-wartime veterans. About 38% of our members are not wartime veterans, leaving our 77-year-old organization unable to accept tax-deductible donations. This is especially harmful to our local posts located all over the country. AMVETS is active throughout thousands of communities in every Congressional district. But this antiquated tax code is hampering our efforts and limiting the good we can do in the community.

This year, our 250,000 members call on Congress to modernize the tax code by creating a statute that would allow any Congressionally-chartered 501(c)(19) veterans service organization to be eligible to receive tax-deductible charitable donations. This statutory change would positively affect several veterans’ organizations and allow the 13% of veterans who served during peacetime to join those veteran non-profits that open their doors to peacetime veterans.

Supporting this fix would prove that you are committed to leaving no veteran behind - regardless of when or where they served.

VHA National Practice Standards

AMVETS is also closely watching the development of new healthcare national practice standards at the VA. As outlined in a Rule published by the Department, VA intends to establish national standards of practice which will standardize healthcare professionals’ practice in all VA medical facilities. The national standards of practice will describe the tasks and duties that a VA health care professional may perform and be permitted to undertake. VA believes that creating national practice standards is critical to the success of the new electronic health record (EHR) system being developed in conjunction with the Department of Defense(DoD). To be effective, VA believes it must standardize clinical processes with DoD and ensure that all who practice in certain healthcare professions can carry out the same duties and tasks irrespective of state requirements. VA has made clear it also believes that agreement upon roles consistent with the most restrictive state scope of practice for its health care professionals is not an acceptable option because it will lead to delayed care and consequently decreased access and level of health care for VA beneficiaries.

AMVETS supports creating national practice standards to aid in implementing the new joint VA-DOD EHR system. AMVETS agrees with VA that basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation’s Veterans. AMVETS urges VA to continue working toward utilizing its healthcare professionals to the full scope of their state license. We are concerned, however, that the new standards for some providers may not include some healthcare services Veterans need and deserve simply because those healthcare professional types are only authorized to provide those services in less than a majority of the states. Should VA take the approach of only including health care services in the standards, which are authorized in a significant number of states, AMVETS is

worried that Veterans in some states may needlessly be denied access to needed health care services based on the inaction of other states. AMVETS urges VA to ensure that through these practice standards, Veterans, at the very least, have the same access to the same services that every other citizen of their state now enjoys.

Conclusion

AMVETS is honored to have this opportunity to present our views and opinions to Congress. We understand that we are proposing some significant changes in moving toward a VA of the future. Additionally, we owe an incredible debt of gratitude to the VA for their efforts as it relates to the pandemic. Our veterans are most grateful, and most have indicated what an incredible job the VA did in administering vaccines and treating the tens of thousands of veterans that were infected. Our thoughts are with those veterans who died as a result of the pandemic, and their families. We know that had it not been for the incredible actions of the VA, many more veterans would have lost their lives. We are grateful.

We look forward to continuing our work this Congress and stand at the ready to continue pressing on the many issues facing our veterans. We will always continue our work to create better policies for the veterans we serve.

National Commander, Don McLean

Donald “Don” McLean joined AMVETS Post 51 in Randolph, Mass., in 2000. He held post and district offices before becoming a state officer in 2011. He was elected Department Commander in 2015 and State National Executive Committeeman in 2016. He was elected National 3rd Vice Commander in 2018, National 2nd Vice Commander in 2019, and National 1st Vice Commander in 2021. Commander McLean was elected to AMVETS’ highest office in August 2022 at the AMVETS National Convention in New Orleans.

Commander McLean joined the Coast Guard Reserve in 1969 in Boston. After boot camp and a tour of duty on a Coast Guard cutter, he was assigned to the Brockton Reserve Training Center in the “Bay State.” He served aboard various small boat stations, Joint Base Cape Cod, and at the Integrated Sciences

Complex Boston. Commander McLean served onboard four different cutters and trained at the U.S. Naval Construction Battalion Center Davisville, R.I.; Yorktown; Va.; and Alameda and Petaluma, Calif. After serving for more than 32 years, he retired in 2011.

Commander McLean joined the Pipefitters union in Boston after his first active-duty tour, working in commercial construction in the New England area. His job sites included computer chip manufacturing, electric power generation stations, both nuclear and fossil fuel, pharmaceuticals manufacturing, and high-rise office buildings. Commander McLean holds many different states licenses including master pipefitter. During that time, MA Master pipefitter attended Wentworth Institute of Technology at night, graduating with a Bachelor of Science degree, Cum Laude, in Construction Management. He retired from this work in 2015.

Before becoming AMVETS National Commander, he was enjoying retirement, relaxing on his deck with his wife Peggy, and caring for their grandchildren.

Commander McLean has chaired several prominent national AMVETS committees that make up the foundational role of the organization. His priorities for his tenure are suicide prevention and advocating for continued expansion of resources focused on women veterans. The measured voice and unique perspective he has provided during his rise to leadership is recognized nationwide by AMVETS members.

About AMVETS

Today, AMVETS is America's most inclusive congressionally-chartered veterans service organization. Our membership is open to all active-duty, reservists, guardsmen and honorably discharged veterans. Accordingly, members of AMVETS have contributed to the defense of our nation in every conflict since World War II.

Our commitment to these men and women can also be traced to the aftermath of the last World War, when waves of former service members began returning stateside in search of the health, education and employment benefits they earned. Because obtaining these benefits proved difficult for many, veterans savvy at navigating the government bureaucracy began forming local groups to help their peers. As the ranks of our nation's veterans swelled into the millions, it became clear a national organization would be needed. Groups established to serve the veterans of previous wars wouldn't do either; the leaders of this new generation wanted an organization of their own.

With that in mind, 18 delegates, representing nine veterans' clubs, gathered in Kansas City, Missouri and founded The American Veterans of World War II on Dec. 10, 1944. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, making AMVETS the first post-World War II organization to be chartered by Congress.

Since then, our congressional charter was amended to admit members from subsequent eras of service. Our organization has also changed over the years, evolving to better serve these more recent generations of veterans and their families. In furtherance of this goal, AMVETS maintains partnerships with other Congressionally chartered veterans' service organizations that round out what's called the "Big Six" coalition. We're also working with newer groups, including Iraq and Afghanistan Veterans of America and The Independence Fund. Moreover, AMVETS recently teamed up with the VA's Office of Suicide Prevention and Mental Health to help stem the epidemic of veterans' suicide. As our organization looks to the future, we do so hand in hand with those who share our commitment to serving the defenders of this nation. We hope the 116th Session of Congress will join in our conviction by casting votes and making policy decisions that protect our veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2021 - None

Fiscal Year 2020 - None

Fiscal Year 2019 - None

Disclosure of Foreign Payments – None